

INDIVIDUALIZED EDUCATION PROGRAM (IEP)

Student # _____

Student's Legal Name Adam MortemoreIEP Date 2/25/2004

ote: Supervision is required for any service provided by individuals who are not certified in that service area. Do not include supervision or transportation time in the total of special education and related service time received by the student.

Special Education	Location	Start Date	End Date	Provider	Frequency	Time
<input type="checkbox"/> Reading <input type="checkbox"/> Supervision						
<input type="checkbox"/> Math <input type="checkbox"/> Supervision						
<input type="checkbox"/> Writing <input type="checkbox"/> Supervision						
<input type="checkbox"/> Speech/Language <input type="checkbox"/> Supervision						
<input type="checkbox"/> Social/Behavioral <input type="checkbox"/> Supervision						
<input checked="" type="checkbox"/> Other: Pre Acad. PreK <input type="checkbox"/> Supervision	Weller Pre K SPED	3/11/04	3/11/05	SPED	5x	153
<input type="checkbox"/> Other: <input type="checkbox"/> Supervision					5x	
Special Education Total Hours per Week						

Related Services	Location	Projected Start Date	End Date	Provider	Frequency	Time
<input checked="" type="checkbox"/> Speech/Language <input type="checkbox"/> Supervision	Weller	3/11/04	3/11/05	SLP/SPED Techn	2	30
<input type="checkbox"/> Physical Therapy <input type="checkbox"/> Supervision						
<input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Supervision						
<input type="checkbox"/> Counseling <input type="checkbox"/> Supervision						
<input type="checkbox"/> Other: <input type="checkbox"/> Supervision						
<input type="checkbox"/> Other: <input type="checkbox"/> Supervision						
<input checked="" type="checkbox"/> Transportation <input type="checkbox"/> Supervision	to/from school	3/29/04	3/11/05	School busing	5x	daily
Related Services Hours per Week						

→ who is this?
Nurse

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Exhibit Q
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